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Third Annual Statewide Developmental Disabilities Congress

Final Report
December, 1978

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THIRD ANNUAL STATEWIDE DEVELOPMENTAL DISABILITIES CONGRESS

Final Report

December, 1978

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INTRODUCTION

The third in a series of annual meetings of Montanans interested in providing the best possible services for developmentally disabled citizens was held on October 26, 27, and 28, 1978, in Lewistown. The annual developmental disabilities meetings have developed from an informal exchange of views among State and regional advisory council members in 1976 to the Congresses of 1977 and 1978 from which formal written recommendations for improving developmental disabilities services have resulted.

Delegates to this year's Third Annual Statewide Developmental Disabilities Congress represented virtually every Montana organization providing services and advocating for developmentally disabled people: the State DD Advisory Council, the Region I DD Advisory Council, the Region II DD Advisory Council, the Region III DD Advisory Council, the Region IV DD Advisory Council, the Region V DD Advisory Council, the Association of Independent Disabilities Services, the Department of Health and Environmental Sciences, the Department of Institutions, the Department of Social and Rehabilitation Services, and the Special Education Unit of the Office of Public Instruction.

Congress delegates met in committees on October 26 and 27 to draft action statements for the consideration of the entire Congress on October 28. Committees on Gaps in Service, Institutionalization/Deinstitutionalization, and Roles, Responsibilities, and Relationships each presented five action statements to the plenary session. Each action

statement identifies a problem, suggests a solution to the problem, and recommends specific actions required, including a designation of who should be responsible for each component of the recommended action.

The fifteen statements adopted at the Congress recommend action of advisory councils, State agencies, private service providers, and elected officials. These statements provide an excellent overview of where the Montana developmental disabilities program is now and how it should be improved in the future.

SUMMARY OF ACTIONS RECOMMENDED

The following is a summary, by topic area, of the recommendations made by the Third Annual Statewide Developmental Disabilities Congress.

COMMUNITY DD SERVICES

The Congress recognizes that for most, if not all, developmentally disabled people, community based programs such as those funded by the Developmental Disabilities Division provide a less restrictive, and therefore more appropriate and desireable, environment than do institutional programs. It is recommended not only that community programs be expanded to allow for additional depopulation of institutions, but that clients already in community programs be provided with the services needed to live even more independent lives, with total self-sufficiency the ultimate goal.

The Congress believes that one of the primary responsibilities of agencies providing community services is the prevention of developmental disabilities and the early identification of and intervention with those who are developmentally disabled. The Congress urges all agencies, particularly the Department of Health and Environmental Sciences, to set goals and develop and maintain programs of prevention, early identification, and early intervention. The Congress specifically recommends expanded diagnosis and evaluation services so that such services are available throughout Montana.

The Congress identifies two other specific programs in need of improvement. It is recommended that monthly payments and the availability

of needed support services for foster parents be increased. These actions will, in the Congress' opinion, increase the availability of foster homes for developmentally disabled persons. The Congress also believes that the current case management - habilitation planning system for community programs needs improvement. Specifically, the Congress recommends more trained caseworkers for developmentally disabled clients, a more responsive referral system, and a clearer delineation of the roles and responsibilities of habilitation team members.

Several issues relating directly to independent service providers were discussed by the delegates. It is recommended that the DD Division funds be distributed to providers in an equitable fashion based upon careful consideration of the service needs of clients. The DD Division and providers should reach agreements concerning the information and assistance the Division and providers require of each other in order to most efficiently and effectively serve the clients. The Congress also endorses accreditation by a recognized organization for all community services within five years.

INSTITUTIONAL PROGRAMS

The Congress urges that admissions and re-admissions to Boulder River School and Hospital (BRSH) be minimized to the greatest extent possible. To help determine the appropriateness of institutional placements, the delegates recommend that the Department of Institutions clearly define the kinds of services to be provided by BRSH and Eastmont Training Center. To assure th highest quality of institutional care, the Congress recommends that BRSH be accredited by a recognized accreditation agency within five years.

The Congress recognizes that some developmentally disabled people

are inappropriately institutionalized in nursing homes and in State facilities which are not designed to serve developmentally disabled persons. It is recommended that the transfer of DD residents from Galen and Warm Springs State Hospitals be completed by the end of the 1980-81 biennium, and that for DD persons in nursing homes, Individual Habilitation Plans be developed.

The delegates also call for free and appropriate public education, as mandated by State law, for all school aged residents of State institutions.

SPECIAL EDUCATION

As mentioned above, the Congress believes that not all institutionalized persons of school age are receiving the quality and quantity of educational services guaranteed by State law. The delegates are particularly concerned about special education services at BRSH and Eastmont Training Center and urge that steps be taken to ensure that school aged residents of all State institutions receive a free and appropriate public education.

The Congress delegates believe that many special education students in Montana do not have available support services such as physical, speech, and occupational therapies, parent counseling, social services, etc. The Congress urges that these kinds of services be made more readily available to special education students and also be provided to handicapped adults and infants.

Because local funding of special education services could result in: 1) an unfair burden on small school districts; 2) an increase in the difficulty of finding community placements; and 3) unequal educational opportunities for handicapped children, the Congress urges that the pre-

sent method of State funding for special education be continued.

DEINSTITUTIONALIZATION

The committment Montanans have made to deinstitutionalization over the past ten years is reaffirmed by the Congress. The delegates recommend that, in order to facilitate continuing deinstitutionalization, BRSH, Eastmont Training Center, and the DD Division submit a joint budget request to the 1979 legislative session.

The Congress sets the goals of successful community placement of: 1) fifty BRSH residents; and 2) thirty nursing home residents during each of the years of the 1980-81 biennium.

A number of the recommendations discussed above regarding the strengthening and expansion of community programs are made in order to allow for the further reduction of institution populations and the prevention of institutionalization.

STAFF TRAINING

An essential component of any developmental disabilities service is a well trained staff. The Congress believes that more can be done to ensure that personnel working in institutions, community based DD services, and special education programs are adequately trained. The Congress specifically recommends that degree and non-degree career ladder programs be established for professional and para-professional developmental disabilities workers. The Congress also recommends that public and private agencies serving handicapped persons cooperate with one another in staff training efforts and, where possible, consolidate those efforts.

The Congress supports the development of a method by which former employees of public and private service providers can identify, and can

be identified by, other agencies seeking staff. To facilitate such utilization of previously trained persons, the Congress recommends that pay plans be standardized across agencies.

INTERAGENCY COOPERATION

Montana's developmental disabilities system includes three State departments, the Office of Public Instruction, a State Advisory Council, five regional councils, local school programs, private service providers, and consumer organizations. The Congress makes a number of recommendations regarding ways these various entities can work cooperatively to enhance the program.

The Congress recommends cooperative efforts among State agencies in planning and funding expanded diagnosis and evaluation services and seeking additional support services for handicapped infants, children, and adults. The delegates believe there is a need for better coordination among agencies in the transfer of clients from institutions to community programs and between community programs. The Congress also recommends that the Developmental Disabilities and Community Services Divisions of the Department of Social and Rehabilitation Services work together to stengthen case management services.

Cooperation among advisory councils, State agencies, and private service providers is urged in terms of developing a standardized and accurate needs assessment procedure and seeking alternative sources of program funding. The delegates also recommend that all entities work to assure that contracting with service providers proceeds efficiently and is based on agreed upon priorities.

The Congress makes several specific recommendations regarding clarification of the roles and responsibilities of the various agencies and

organizations which comprise Montana's developmental disabilities program. The development and distribution of two handbooks, one describing the responsibilities of each entity and one describing the services available, is recommended. The delegates also believe that the DD Division and its contractors should jointly produce a contract procedures manual. Finally, the Congress recommends that a series of workshops describing the service system and the rights of DD persons be offered for developmentally disabled people and their parents and guardians.

ACTION STATEMENT I.1

STATEMENT OF PROBLEM

There is a need for degree (A. A., B.A., M.A., etc.) and non-degree (e.g., situation- and client-specific) training for para-professionals and professionals providing direct service to the developmentally disabled in Montana. Emphasis on treatment and training for particular client groups is required.

ACTION REQUIRED

A formalized career ladder training program leading to degrees or certificates for developmental disabilities service providers must be established while retaining non-degree, client/situation-specific training currently provided by Regional Clinical Trainers and school personnel. Specific training curricula must be provided for individuals serving the severely/profoundly retarded, the behaviorally disordered, and infants birth through two years of age.

IMPLEMENTATION

By July 1, 1979, representatives of the Developmental Disabilites Planning and Advisory Council, the Department of Institutions, the Department of Social and Rehabilitation Services, the Commissioner of Higher Education, and the Association of Independent Disabilities Services should, in cooperation with the State Special Education Advisory

Panel, prepare a report detailing a plan for the provision of generalized degree and non-degree training and specialized training for direct service providers of developmental disabilities programs. This information should be disseminated to relevant agencies, consumers, and provider groups.

ACTION STATEMENT I.2

STATEMENT OF PROBLEM

A significant problem in discussing service gaps, waiting lists, and the resources needed to deal with service delivery deficits has been the lack of a coordinated planning effort on the part of regional councils to systematically address similar issues in the development of their regional plans. Unmet client needs and service gaps cannot be effectively assessed, nor solutions planned for, unless a consistent approach is used in determining the range of questions to be asked, the types of decisions that need to be made, and the information that is required to effectively cover these issues.

ACTION REQUIRED

Each regional plan should include, but not be limited to, the categories of service needs listed below to establish some consistency across regions in the planning process and to improve not only the comprehensiveness of the information collected, but also its overall accuracy in assessing the extent of both specific and general program needs.

IMPLEMENTATION

By January 1, 1979, each regional council will have modified its needs assessment format for determining services needed and service areas for 1) individuals on waiting lists at specific programs who are not receiving current DD services; 2) individuals who are receiving DD services but are

on waiting lists for other programs; 3) individuals who are known to need and want services, but are not receiving any services, and 4) individuals who are known to need other community services, but are not receiving these services. A listing of the types of services to be included in each regional plan follows.

I. Service Areas to be Addressed

A. Day Services

B. Transportation

C. Community Homes (adults)

D. Community Homes (children)

E. Semi-Independent Living

F. Family and Child Services

G. Respite Care

H. Early Intervention

I. Diagnosis and Evaluation

J. Special Education

K. Foster Care

L. Case Management

M. Mental Health Related Services

N. Ancillary -- Occupational Therapy, Physical Therapy, and Speech

O. Adaptive Equipment

P. Other Services Needed

II. Components of Needs Assessment

A. Name or identifying number

B. Age

C. Nature and severity of handicapping conditions

D. Location

E. Service needed

F. Reason service is not provided

ACTION STATEMENT I.3

STATEMENT OF PROBLEM

There is a need for comprehensive multidisciplinary diagnosis and evaluation services within Montana. However, funds to establish separate diagnosis and evaluation services have not been fully available. Furthermore, there is a need for appropriate coordination and follow-through with other services.

ACTION REQUIRED

Evaluation and diagnosis services must be made available to all DD persons regardless of age, handicapping condition, or residence. In the development of these services, cooperative funding arrangements and mechanisms for sharing of personnel must be established. An interagency system of follow-through services should be established.

IMPLEMENTATION

1. By January 1, 1979, the Maternal and Child Health Bureau of the State Department of Health and Environmental Sciences should have prepared a report on its review of existing diagnosis and evaluation resources in the State for submission to the Developmental Disabilities Planning and Advisory Council and the HJR 72 Interagency Committee.

2. By March 1, 1979, the Interagency Committee should have prepared a document specifying actions to be taken for multiple funding arrangements, interagency cooperation, and sharing of resources aimed at providing necessary diagnosis and evaluation services to all DD persons.

This document should be submitted to the Developmental Disabilities Planning and Advisory Council.

ACTION STATEMENT I.4

STATEMENT OF PROBLEM

There is a possibility of change in the current system of special education funding from statewide responsibility to some measure of local funding. Dependence on local taxpayers for mill levy revenue would result in: 1) an unfair burden on small school districts; 2) an increase in the difficulty of finding community placements and therefore a slowing of deinstitutionalization; and 3) unequal educational opportunities for handicapped children.

ACTION REQUIRED

The current Montana system of funding special education should remain intact.

IMPLEMENTATION

1. A letter stating the above positions and requesting support for the current system should be drafted by this DD Congress and sent to each legislator before the 1979 Legislature convenes.

2. During the 1979 Legislature, any attempt to change the current system should be opposed by the Office of Public Instruction, State and regional DD Councils, the Developmental Disabilites/Montana Advocacy Program and the Montana Association for Retarded Citizens.

ACTION STATEMENT I.5

STATEMENT OF PROBLEM

The Constitution of the State of Montana (Article X, Section 1) as well as State law (Section 75-7805, R.C.M. 1947) and Federal law (Education of the Handicapped Act and Section 504 of the Rehabilitation Act of 1973) mandate equal educational opportunities for all handicapped children with regard to education and related services. Under these mandates, each handicapped child is entitled to receive educational and related services individually designed to meet his or her educational needs. A number of local school districts in Montana, however, are not providing appropriate support services to meet the needs of handicapped children enrolled in those districts. As a result, many children in Montana schools do not have available to them the following services: occupational therapy, physical therapy, speech and language therapy, adaptive physical education, parent counseling, home training and social work services. In addition, State education dollars are not available to provide treatment services to private school children.

At present, there is no priority identified for these support services for the adult handicapped population. Documentation shows that this population can benefit greatly from these services yet few have ever been afforded them. It is our contention that a handicapped adult's success in a least restrictive environment is greatly limited by the lack of appropriate ancillary services. These adults do have the right

to treatment and education.

Infant stimulation and intervention is also identified as an area of importance for treatment of the handicapped. Services for handicapped infants should include all of the above listed ancillary support services.

ACTION REQUIRED

1. Continue current funding of all such support programs and closely monitor compliance with applicable laws and regulations.

2. Request that the Department of Social and Rehabilitation Services, the Department of Health and Environmental Sciences, the Office of Public Instruction, the Montana University Affiliated Program Satellite, the Montana Physical Therapists Association, the Montana Occupational Therapy Association and other related professional associations, develop a statewide service delivery system.

3. A mechanism for funding adaptive physical education, parent counseling, home training and social work services delivery systems should be developed by the Department of Social and Rehabilitation Services.

4. Federal funding should be made available to provide treatment services to handicapped children in private schools.

5. Parents, guardians, caretakers and handicapped individuals should be made aware of their rights.

IMPLEMENTATION

During the 1979 Legislature, the Department of Social and Rehabilitation Services, the Department of Health and Environmental Sciences and the Office of Public Instruction should submit a joint request to the legislative Education and Finance Committees requesting adequate funding to provide support services required by law for children and the same support services for handicapped adults.

The Developmental Disabilities Planningand Advisory Council and the Developmental Disabilites/Montana Advocacy Program should, in conjunction with the Developmental Disabilites Division and the Office of Public Instruction, sponsor workshops for parents and consumers similar to the Region IV Advocacy Project.

The use of federal funds by school districts to provide educational and support services for private school children should be encouraged by the Office of Public Instruction.

ACTION STATEMENT II.1

STATEMENT OF PROBLEM

It is the policy of the State of Montana that a continuum of care exists consisting of institutional care and treatment through semi-independent residential and support services in home communities; and that the continuum needs to be expanded so additional services may be provided in the community.

It is the responsibility of the Department of Institutions, through Boulder River School and Hospital (BRSH), to provide care and treatment for those individuals who are in need of full-time 24 hour per day supervision because of the severity of handicapping conditions(s) and comprehensive treatment required. It is also the responsibility of the Department of Institutions, through BRSH and Eastmont Training Center, to provide the training required to enable individuals to move further along the continuum of services. It is the responsibility of the Department of Social and Rehabilitation Services, the Department of Health and Environmental Sciences, and the Office of Public Instruction to provide community based services for those DD persons who can profit from treatment, education, and training in the community.

There is a limited amount of money available for the provision of services to the developmentally disabled. There is a need for close coordination among agencies serving the developmentally disabled. There is a need for an innovative approach to evaluation and diagnostic services, program development, and fiscal and other resource development.

It is the policy of the State of Montana to move toward providing all services, within the concept of the least restrictive environment, needed by DD adults and children to be appropriately served in local communities throughout the State. Because of distances and the sparse population of many communities, all services for children should be provided as close to the home community as possible.

It is further the policy of the State to develop more community resources while at the same time decreasing the institutional population in a reasonable and orderly fashion. By shifting gradually to community resources, the administration, the legislature, and the citizenry can make judgments on the success of deinstitutionalization as it progresses. It is possible at any time to readjust direction and operation budgets to take into account new information and changing circumstances.

ACTION REQUIRED

a) Enc ourage public and private programs to set goals aimed at prevention of mental retardation, thus decreasing the numbers of those born with mental disabilities, decreasing disabilities caused by abuse, and, finally, decreasing the need for institutional and other services.

IMPLEMENTATION

a) Ongoing responsibility for prevention rests with all agencies. Among State agencies, the lead responsibility rests with the Department of Health and Environmental Sciences.

ACTION REQUIRED

b) Encourage public and private agencies to set goals and develop programs aimed at early identification of and intervention with those with developmental disabilities, thus decreasing the need for institutions

and other services at a later date.

IMPLEMENTATION

b) The Department of Health and Environmental Sciences is recognized as the lead agency in actively encouraging early identification and intervention programs.

ACTION REQUIRED

c) A joint budget request for Boulder River School and Hospital, Eastmont Training Center, and the DD Division should be presented to the 46th session of the Montana Legislature. This request will facilitate further deinstitutionalization by targeting specific resources and responsibilities for serving the developmentally disabled. Through such a cooperative venture assigned agency tasks can be coordinated as well as resulting in a budget that is specifically related to client movement.

IMPLEMENTATION

c) The Departments of Institutions and Social and Rehabilitation Services should draft a joint budget request for presentation to the 46th Legislative Session, by January 1, 1979.

ACTION REQUIRED

d) Definitions should be promulgated to indicate those services most appropriately provided by Boulder River School and Hospital and Eastmont Training Center. These definitions should clearly indicate the roles of Boulder River School and Hospital and Eastmont Training Center in the continuum of care.

IMPLEMENTATION

d) By July 1, 1979 the staff of the Departments of Institutions and Social and Rehabilitation Services should draft such definitions for review by the State Developmental Disabilities Planning and Advisory Council and for final approval by the Director of the Department of Institutions.

ACTION REQUIRED

e) Achieve Joint Commission Accreditation of Hospitals (JCAH) or equivalent accreditation of Boulder River School and Hospital and Eastmont Training Center within five (5) years.

IMPLEMENTATION

e) The Department of Institutions is the responsible agency. Staff from Boulder River School and Hospital and Eastmont Training Center and other Department of Institutions staff will meet with JCAH staff to develop a time-phased implementation plan leading to full accreditation by JCAH by July 1, 1984. This plan should be submitted to the State Developmental Disabilities Planning and Advisory Council for its review, and to the Director of the Department of Institutions for final approval.

ACTION REQUIRED

f) Provide for all community services to be accredited by JCAH or an equivalent organization within five (5) years.

IMPLEMENTATION

f) The Developmental Disabilities Division is the responsible agency. The DD Division staff will meet with JCAH staff to develop

a time-phased implementation plan leading to full accreditation of non-profit provider service programs by JCAH or an equivalent accrediting agency by July 1, 1984. This plan will be submitted to the State Developmental Disabilities Planning and Advisory Council for its review. Standards will be adopted in the Administrative Code by July 1, 1979.

ACTION REQUIRED

g) Develop appropriate community services that will allow for the successful placement of 50 residents per year from Boulder River School and Hospital into community programs.

IMPLEMENTATION

g) The Department of Social and Rehabilitation Services (DD Division) and the Department of Institutions (BRSH) are responsible agencies. The number of clients recommended to be deinstitutionalized during each year of the 1980-1981 biennium is 50.

ACTION REQUIRED

h) Develop appropriate community services that will allow for the successful placement of 30 residents a year who are presently inappropriately placed in nursing homes, but who would have greater opportunities for independence in less restrictive settings.

IMPLEMENTATION

h) The DD Division is the responsible agency. The number of clients recommended to be moved from nursing homes during each year of the 1980-81 biennium is 30.

ACTION REQUIRED

i) Limit, to the extent feasible, new admissions or readmissions of children and/or adults to Boulder River School and Hospital.

IMPLEMENTATION

i) The Department of Institutions/BRSH is the responsible agency. Ongoing movement of clients is for each year of the next biennium.

ACTION REQUIRED

j) Move, to the extent feasible, clients now in publicly supported programs into self-support or independence with special programming.

IMPLEMENTATION

j) The DD Division and provider agencies are responsible for the movement of clients, ongoing through 1980-1981 biennium.

ACTION REQUIRED

k) To provide appropriate treatment and comply with State law, the remaining developmentally disabled residents at Galen State Hospital and Warm Springs State Hospital (WSSH) should be transfered to Boulder River School and Hospital or, whenever possible, to community programs.

IMPLEMENTATION

k) The Department of Institutions/BRSH, WSSH, and Galen State Hospital are responsible for completing the transfer during the 1980-81 biennium.

ACTION REQUIRED

l) Regulations concerning transfer of clients information must be strengthened to assure that the Departments of Institutions and Social

and Rehabilitation Services, the Office of Public Instruction, and community providers exchange all necessary and appropriate information upon time of client transfer.

IMPLEMENTATION

1) By March, 1979, the Departments of Institutions and Social and Rehabilitation Services, the Office of Public Instruction and representatives of provider groups shall have prepared a single regulation specifying the type of information to be exchanged; and by July, 1979, all provider contracts shall contain a provision meeting the above requirements.

ACTION STATEMENT II.2

STATEMENT OF PROBLEM

State law (Section 75-7805, R.C.M. 1947) and the federal Education of all Handicapped Children Act (Public Law 94-142) require that handicapped children be provided with a free and appropriate public education in the least restrictive environment possible.

There are approximately 50 school aged (6-18) children who are residents of Boulder River School and Hospital (BRSH). According to data collected for the 1979 State DD Plan, only 13 of these residents are being served by special education teachers. Although all 50 are also served sometime during the year by the BRSH Title I program and all have available support services such as physical therapy, speech therapy, etc., educational services for these residents are not equal to those guaranteed by law.

In addition, there is a need for more appropriate educational services at Eastmont Training Center, the Children's Unit of Warm Springs State Hospital, Pine Hills School, and Mountain View School, all of which provide services for school aged children.

ACTION REQUIRED

All school aged institution residents should receive a free and appropriate public education.

IMPLEMENTATION

By January, 1979, the Department of Institutions, the Office of Public Instruction and affected local school districts should agree upon a

method to provide education services to all residents six to eighteen years of age prior to September 1, 1980, and three to twenty-one years of age after September 1, 1980. Possible methods of accomplishing this objective include: 1) creation of special school districts which would be eligible for State special education funds; 2) education of students in the local schools; and/or 3) increased appropriations for the Department of Institutions for the purpose of providing special education. Whatever method is agreed upon must ensure that special education programs meet the mandate of a free and appropriate education to all handicapped students in terms of quality, teacher-student contact hours per week, staff qualifications, and availability of non-instructional support services.

If legislative action is required for implementation of the agreed upon procedure, such action should be sought by the Department of Institutions and the Office of Public Instruction during the 1979 legislative session so that a full special education program at all affected institutions can be initiated no later than September 1, 1979, for ages six through eighteen and no later than September 1, 1980, for ages three through twenty-one as mandated by Montana law.

ACTION STATEMENT II.3

STATEMENT OF PROBLEM

There are many developmentally disabled people residing in nursing homes without Individual Habilitation Plans (IHP) which would assure they receive appropriate care and training.

ACTION REQUIRED

Developmentally disabled recipients of Title XIX funds should be provided with IHP services.

IMPLEMENTATION

1. Legislation should be submitted by the Department of Social and Rehabilitation Services to ensure IHP services.

2. A plan for accomplishing the above should be developed by the Department of SRS by January, 1979, so that if additional appropriations are necessary, they can be requested of the 1979 Legislature. If it is demonstrated that the goals described above require additional funds, it is urged that the Legislature appropriate the money needed.

ACTION STATEMENT II.4

STATEMENT OF PROBLEM

Foster care for developmentally disabled persons is an important aspect in the continuum of services. However, because of lack of adequate financial support given to foster parents of developmentally disabled persons, it is an under utilized service and the lack thereof causes some parents and/or other individuals to consider an institution as the only alternative.

ACTION REQUIRED

The Department of Social and Rehabilitation Services should substantially increase the monthly allotments, based on the cost of living, as well as other supportive services including habilitation services to foster parents of developmentally disabled persons so the quality, quantity, and availability of foster homes will increase.

IMPLEMENTATION

A plan for accomplishing the above should be developed by the Department of SRS by January 1, 1979, outlining programmatic, service and fiscal impact. During the 1979 legislative session, the Department of SRS should submit an appropriation request which would accomplish the above.

ACTION STATEMENT II.5

STATEMENT OF PROBLEM

State agencies and their contracted providers serving handicapped persons have professional and para-professional employees with diverse, though related, skills and training needs.

Due to the autonomy of these agencies in administration and in budget allocations, training of their respective employees is done separately. Further, there is no formal mechanism by which former employees with training and experience can become identified by another agency seeking staff.

Employee compensation schedules vary dramatically from agency to agency and agency to provider for similar employment responsibilities and training requirements.

ACTION REQUIRED

Coordination of appropriate agency training services and cooperative funding to provide employee training is essential to establish a cooperative exchange of trained personnel for transitions to other employment and to establish consistent compensation schedules for positions requiring similar job descriptions and training.

IMPLEMENTATION

1. By March, 1979, the Departments of Institutions and Social and Rehabilitation Services, the Office of Public Instruction and the

Office of the Commissioner of Higher Education should determine the training needs of employees which are common to the four agencies.

2. By July, 1979, the aforementioned agencies, in conjunction with others, should develop a cooperative training package based on #1 above.

3. By July, 1979, all agencies should establish a formal notification system of position availability within agencies for present and former employees who have received training in serving handicapped persons.

4. It is recommended to the 46th Legislature that minimum compensation for like positions across agencies be standardized; that contracted services also meet the standardization and that where classifications do presently exist, all agencies comply with the established compensation level.

ACTION STATEMENT III.1

STATEMENT OF PROBLEM

There has been a lack of effective State and local coordination within the human services delivery system for developmentally disabled individuals. Decisions regarding local programs and needs of individuals have been made by State agency staff who are often from other communities, and not by people who have an understanding of the community, the programs, and the individuals affected.

ACTION REQUIRED

Local boards of directors of provider agencies and regional councils should be given more meaningful participation in decision making regarding DD programs. Realistic, consistent and minimal guidelines should be established by State agencies for local administrative bodies to follow.

IMPLEMENTATION

Effective immediately, consistent efforts should be made by the Departments of Institutions and Social and Rehabilitation Services, local boards of directors of provider agencies, representatives of direct service proviers, and regional councils to coordinate State and local planning efforts to include, but not be limited to, the following:

1. contracting policy and procedures for fiscal years 1980 and 1981;
2. assessment and determinations of alternative funding possibilities; and
3. documentation of existing needs for services.

ACTION STATEMENT III.2

STATEMENT OF PROBLEM

Developmental disabilities services are fairly new in Montana and there are may entities involved in the delivery of services (the Departments of Social and Rehabilitation Services, Institutions, and Health and Environmental Sciences, the Office of Public Instruction, State and regional councils and providers). Each of these entities are advocates in one form or another, committed to providing a meaningful life for developmentally disabled persons in Montana. Each entity has a predetermined basic function prescribed by law. There is a need to understand these functions and the ways in which these functions are performed.

There are misunderstandings and a lack of communication and credibility among all of the entities involved which hamper and reduce the effectiveness of the delivery of services to the developmentally disabled.

ACTION REQUIRED

Roles and responsibilities must be made clear to all entities, and the concept of "advisory" needs to be clarified.

It is imperative that each entity makes a determined and concerted effort to keep lines of communication open at all times.

There must be a willingness and committment to understand the viewpoint of other entities - recognizing that each entity has a contribution to make.

IMPLEMENTATION

By January 1, 1979, all entities should clearly and concisely outline current roles and responsibilities in a brief and meaningful way. This outline shall be developed in such a way as to insure that no gap exists in responsibility for the needs of developmentally disabled persons.

By September 1, 1979, using the above information, the State Council should prepare an orientation manual for all regional and State Council members, explaining roles, responsibilities, and relationships of councils, agencies, providers, and other entities involved with the developmental disabilities program.

Regional and State councils should provide an annual orientation session for new members.

By July 1, 1979, providers and agencies should prepare a client handbook to be available and distributed to every known handicapped person and/or his or her family.

Regional and State councils are encouraged to have an exchange of information.

ACTION STATEMENT III.3

STATEMENT OF PROBLEM

Administrative problems in developmental disabilities programs cause misunderstandings, irritations, and lack of credibility. Some of the specific problems are:

1. The relevancy of some reports and information required by the DD Division from providers has been questioned. The State needs uniform data from all providers; but providers have unique internal systems.

2. Contract negotiations have been hampered by lack of uniform procedures.

3. DD Division procedures have resulted in late payments and delays on requests for information and technical assistance, thus causing local administrative problems for providers.

4. Job descriptions and job qualifications are not consistent, resulting in confusion of roles.

ACTION REQUIRED

State agencies, the Association of Independent Disabilities Services, and other relevant parties will meet before January 1, 1979, to outline a plan (with timelines) to implement the following activities.

IMPLEMENTATION

In order to maintain the existing service alternatives and to improve the quality of services, several administrative actions are

necessary:

1. The information needs of the DD Division must be clearly presented to providers so that uniform data requests can be organized, thus making provider data systems mutually compatible.

2. The DD Division should draft, in conjunction with providers, a contract procedures manual.

3. The DD Division should adopt, in conjunction with providers, a system of procedures which will reduce the frequency and length of delays in requests for administrative action and technical assistance, thus making the system mutually responsive.

4. A uniform system of job descriptions, qualifications, competencies, responsibilities and pay scales should be produced in order to reduce role confusion.

ACTION STATEMENT III.4

STATEMENT OF PROBLEM

It is apparent that inadequacies exist in the case management system for developmentally disabled individuals at both State and local levels. This problem manifests itself in the following areas:

1. inadequate numbers of field workers in Social Services;
2. inadequate training of Social Services staff in the field of developmental disabilities;
3. lack of time devoted to planning by habilitation teams;
4. lack of role and responsibility clarification within membership of habilitation teams; and
5. need for a more adequate statewide referral system.

ACTION REQUIRED

The Legislature and the Department of Social and Rehabilitation Services should be informed of the need for an adequate number of trained staff to meet the mandates for providing services to the developmentally disabled population. The DD Division should be informed of the need for a more adequate referral system for the developmentally disabled population.

IMPLEMENTATION

By January 1, 1979, the Legislature should be notified of the need for additional trained social services staff to adequately serve the

developmentally disabled population. It will be the responsibility of the State Council to collect and present this information to the Legislature.

By January 1, 1979, the DD Division should assume the responsibility of developing a system of data collection which will assure a more accurate and responsive method of detecting and determining referrals throughout the State of Montana.

By March 1, 1979, the Department of Social and Rehabilitation Services should, through internal conference between the DD Division and the Community Services Division, clarify the roles and responsibilities of habilitation team members.

ACTION STATEMENT III.5

STATEMENT OF PROBLEM

Lack of funds has created a backlog of clients not being served and a void in local staffing patterns, which has resulted in inadequate and inappropriate services. The practice of allocating monies on a purchase of service agreement basis has been done on an inequitable and inconsistent basis across agencies and programs and, in principle, should be distributed on an equitable basis for the type of service provided and the number of clients served.

ACTION REQUIRED

1. The Montana Legislature should allocate sufficient funds to insure that all eligible DD clients in the State of Montana get appropriate services.

2. The DD Division should equitably distribute its funds in the ensuing fiscal years through a "purchase of services" model unless a grant procedure would obviously be more efficient and viable.

IMPLEMENTATION

1. By January 1, 1979, the DD Division should develop a uniform needs assessment procedure and accumulate reliable data which accurately reflect the current status of programs and unmet needs throughout the State.

2. In case of restricted funding, the DD Division should, with the advice of providers and regional councils, establish a method for

determining priorities for the most efficient distribution of funds to insure the best client service possible. Such a method will reduce the confusion between purchase of service contracts and grant formula funding.

3. The Legislature, the DD Division, the Department of Institutions, State and regional DD councils, providers of services, clients and advocates should present a unified ard united approach to meet the needs of all DD clients.

CONGRESS DELEGATES

Mike Jakupcak	Congress Chairman; State Developmental Disabilities Council
Linda Madson	Congress Vice-Chairwoman; Region I Developmental Disabilities Council
Joyce DeCunzo	Chairwoman, Gaps in Service Committee; Chief Delegate, Department of Health and Environmental Sciences
Gary Meyers	Chairman, Institutionalization/Deinstitutionalization Committee; Chief Delegate, Department of Social and Rehabilitation Services
Rusty Redfield	Chairman, Roles, Responsibilities, and Relationships Committee; Chief Delegate, Department of Institutions
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Peter Blouke	Department of Institutions
Judy Carlson	Department of Social and Rehabilitation Services
Larry Carlson	Department of Institutions
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Ken Gossett	Department of Social and Rehabilitation Services
Connie Green	Association of Independent Disabilities Services
Guy Hanson	Region IV Developmental Disabilities Council
Dick Heard	Department of Institutions
Jerry Hoover	Department of Institutions
Gordon Jackson	Association of Independent Disabilities Services
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